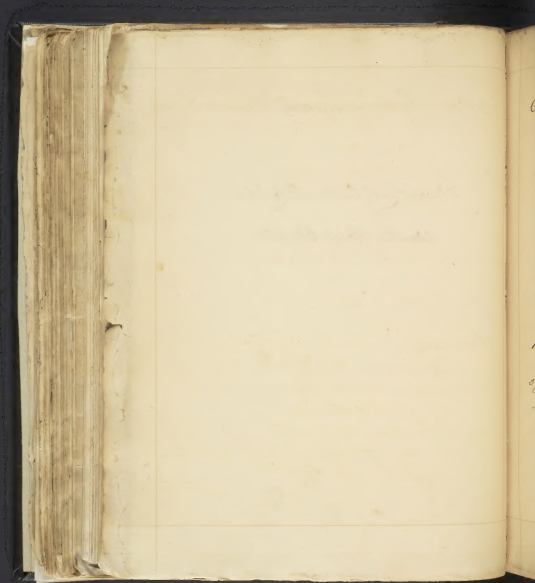


Register
of *the* *Church*

Edward Culbert - *Marolnia*

admitted March 6th 1821.



27
An Inaugural Dissertation

on
Hysteritis

For the Degree
of
Doctor of Medicine

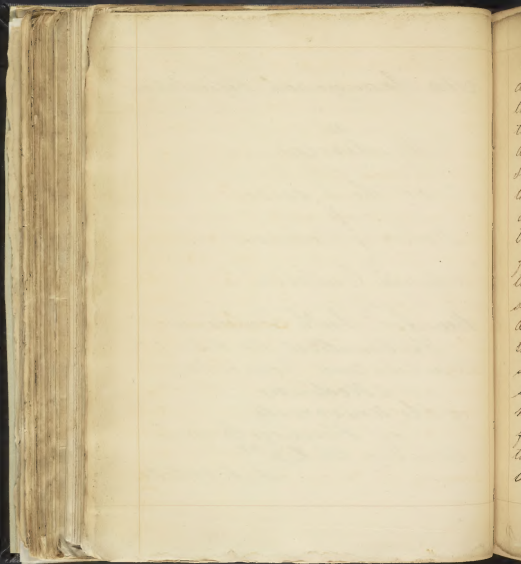
by
Edward Cuthbert

of
Beaufort South Carolina

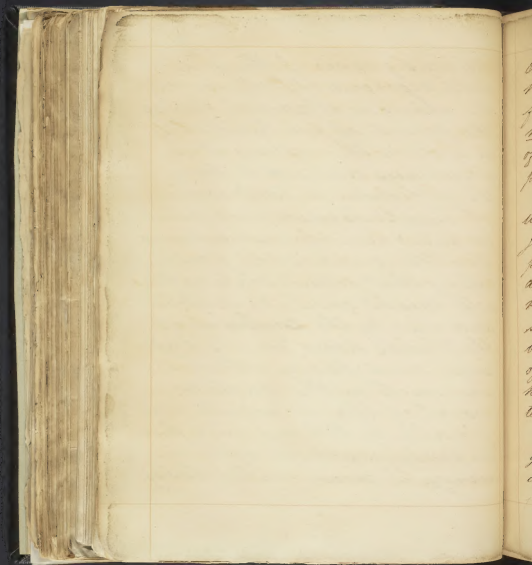
Submitted to the
Trustees and Faculty
of Medicine
of the University

of Pennsylvania.
October the 2nd

A.D. 1820.



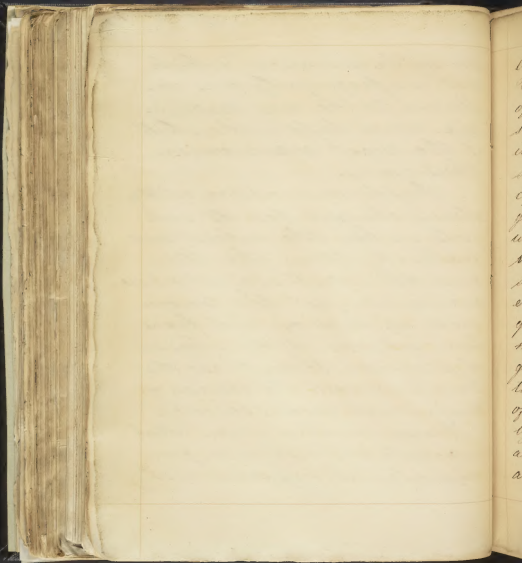
In consequence of the great and vigorous efforts in which the uterus is engaged during the period of parturition, as well as the injury it is sometimes exposed to from the officious interference of inexperienced accoucheurs in introducing instruments for the purpose of facilitating that which nature herself might easily accomplish; and also by the pressure of the child's head in its passage; and from other causes; such as the rude removal of the placenta, and finally by taking cold from too early exposure after delivery; it occasionally takes _{on}



on inflammation, which
not unfrequently bids de-
fiance to the art medici-
nae, and baffles the skill
of the most experienced
physicians.

Inflammation of the
uterus chooses for its sub-
jects rather the robust and
plethoric, than the thin
and delicate; those who have
rolled amidst the profu-
sion of luxury, and have
been votaries at the shrine
of pleasure, than those that
have pursued the course of
temperance and sobriety.

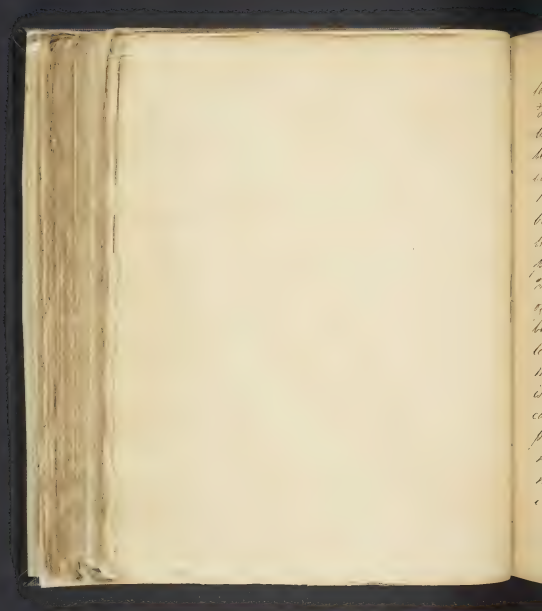
It comes on, when it does attack,
generally about three or four
days after delivery, and vices
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itself by the following signs.
There is felt at the lower part
of the abdomen, at first, a
slight degree of pain, which
increases to a great extent. A
swelling of the uterus is per-
ceptible by passing the hand
gently over the abdomen. The
woman prefers to be upon her
back rather than upon her
sides. If she attempts to move
upon her legs, she experiences
great pain. The skin becomes
hot and dry, and there is
great thirst. To these symp-
toms are added alternations
of heat and cold, followed
by great increase of arterial
action. The pulse is frequent
and active. The secretion of ^{milk}

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milk and lochia discharge are affected, and the bowels are in the first instance constipated. These symptoms, if not timely arrested, continue to increase in violence, and the peritonæum becomes involved in the disease from its connection with the uterus, through the medium of which, the neighbouring viscera are liable to be contaminated, and the disease thus rendered almost, if not completely incurable. When the peritonæum has had the inflammation communicated to it, the pain is more extensive, diffusing itself over the whole abdomen. Now the pulse is smaller.



ter, quicker and more tense.
The stomach is affected some-
times, which will in general
be known by nausea, or even vom-
iting of black matter?

Prognosis. The unfavourable symptoms are, pallor of the face, sudden cessation of pain, and cold clammy sweats. These are the sure precursors of death, and it is incumbent upon us to state candidly to the friends of the patient, the melancholy catastrophe that is about to take place. On the contrary, should we observe the pain gradually to subside, a return of the secretion of milk and of the lochial discharge, with a soft skin of the

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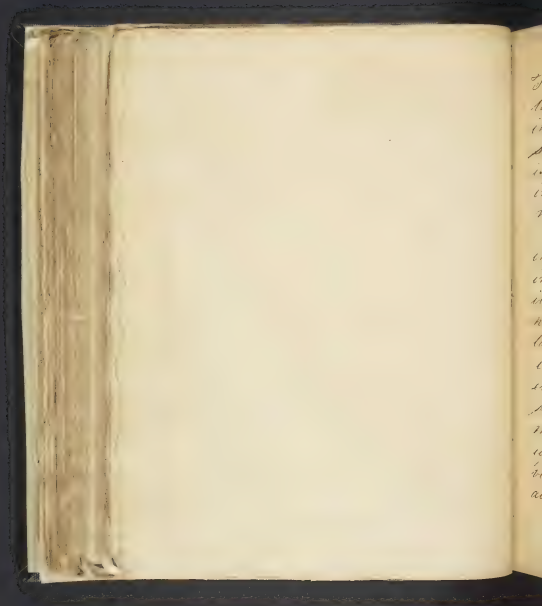
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the natural temperature, we may predict a favourable issue.

The disease is sometimes long in coming to a crisis, protracted for weeks; and in other instances, it is rapid in its progress, terminating in a few days.

Dissections, according to Burns and Clark, present no appearances of mortification. The whole of the peritoneum sometimes discovers marks of inflammation, in other instances only partially; having only that part that is in immediate contact with the posterior portion of the uterus inflamed.

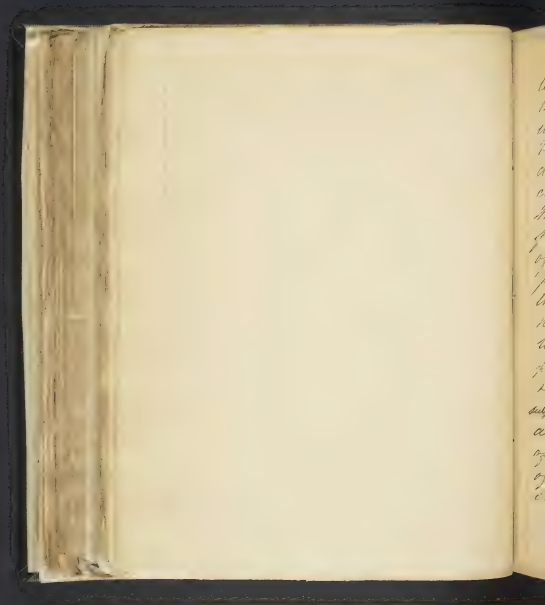


The ovaries and Fallopian tubes are generally in an inflamed state, containing sometimes pus, and which is also frequently found in the sinuses of the uterus.

Treatment. Consulted in a disease so formidable in its nature, so violent in its attack, and which if not immediately attended to leads to the most serious consequences, the practitioner should adopt such measures as are calculated to make a decided impression upon it, and if possible prevent it from affecting the adjoining parts. Called Menstruation.

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fore in the early stage, when we have the leading characters of high inflammation, the first indication that should arrest our attention, is the reduction of arterial action. The only certain mode of effecting this purpose is by venesection. The vein opened should be a large one, used the on, i.e. made wide, so as to admit of a large quantity of blood to be drawn in a short space of time, by which we more easily overcome the action of the heart and arteries, than by small and repeated bleedings. The quantity of blood to be drawn should be regulated



ted by the state of the sys-
tem. We are to keep our finger
upon the pulse, until it
becomes soft and yielding,
denoting a tendency to syn-
cope. Then and not till
then are we to stop the
flow of blood. If reaction
of the arterial system takes
place, we should recur to
the use of the lancet, and
not shrink from the adop-
tion of the most certain
plan by which we can
rescue our patient. Above the
subject of venesection, there is
a difference of practice if not
of opinion between some
of the European practition-
ers and those of the United
States

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States. Controlled by prejudices which prevail to a great extent against the use of the lancet, or deluded by false theories, they neglect very much this remedy. Different far different is it the case with us.

In cooperation with bleeding from the arm, other measures should be used, such as topical applications, surgery, and leeches. The topical applications are to consist of cups and leeches, and of these not sparingly, as their act is drawing blood directly from the part affected. The number of leeches applied, therefore, should not consist of only 12 or 15 as

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as is not unfrequently direct-
 ed; but of 80 or 100 if they can
 be had. Warm fomentations
 are advised by some authors,
 to the surface of the abdo-
 men by means of flannel
 cloths wrung out of hot
 vinegar and water. But
 this would seem improper,
 as the soreness of that part
 is so great as to render it ne-
 cessary to remove even the
 pressure of the bed clothes.
 It might be better there-
 fore to apply them to the
 vulva as recommended
 by Dr. Ferrius, who says
 that when thus applied he
 has in some instances af-
 forded great relief.

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arises blisters; but they are not generally used, being apt to excite strangury, thereby increasing the the pain and distress of the patient.

To obviate constipation the neutral salts should be employed. Zi or Zij of the sulphas ~~soda~~ or sulphas magnesic dissolved in about a pint of lemonade is recommended as a pleasant medicine, of which a wineglass full every half hour or hour is to be given, pro re nata. Warm emollient enemata are also said to be beneficial, as they act not only by unloading the intestines; but like
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wine as Lomentations.

To promote diuresis the saline juleb with the addition of antimonial wine and laudanum is recommended, as is likewise the spiritus mindereri.

Emetics have been suggested as a remedy in this disease, and Dr. Caldwell, in his notes upon Follen, observes, they may be tried. But this appears to me to be a very equivocal remedy, and I would resort to them with great reluctance.

Diet. This should consist of the least stimulating

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ling articles, such as saffron,
pilocca, least water, vice va-
ter &c.

Of late the spirit of
turpentine has been spoken
of very highly by a Chirur-
gan, an Irish Practitioner,
for the cure of puerperal
fever. And as Mysteritis, in
its progress, partakes of the
character of puerperal fever,
might it not be also applied
to the treatment of this disease
when thus advanced?

